FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1												
		(See instructions)					Office use only					
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyir the lines	ig, type	12FI	E4M5					
For Americas	Republican Majo	rity PAC (FARM	PAC)			ш	ш	ш			لب	
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ADDRESS (number and	675 (675)	N Washington St	., Suite	410 			ш				ш	
X (Check if add	ress			ш		ш		ш			ш	
is changed)	Alex	Alexandria						VA 22314 - 1				
COMMITTEE'S E-MA	All ADDRESS		CITY			STATE	•		ZIP CC	DDE 📥		
traci@farmpa										1 1	1	
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COMMITTEE'S WEB	PAGE ADDRESS (L	 			- ! !	- 						
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COMMITTEE'S FAX 7035481925 2. DATE 0.2	M / D D / Y	Ž 0 Ý 5 Ý										
3. FEC IDENTIFICA	ATION NUMBER	C	C COO	409672								
4. IS THIS STATE!	MENT NEV	V (N) OR	X	AMENI	DED (A)							
I certify that I have exam	nined this Statement and	I to the best of my know	vledge an	d belief it is tru	ue, correct a	nd comple	ete					
Type or Print Name of	Treasurer	Traci Peters										
Signature of Treasure	r Electronically File	d by Traci Peter	<u>'S</u>			Date	^M 0 4	M /	25	Y Y 2	0 0 6	
NOTE: Submission of fa		nplete information may							2 U.S.C. S	437g.		
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	tion Commis 0-424-9530				EC FC		1	